

Fill in this information to identify the case:

Debtor name **Eveready Services, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) **20-30225**

☐ Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <b>0.00</b>
<b>1b. Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>11,605.00</b>
<b>1c. Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>11,605.00</b>

**Part 2: Summary of Liabilities**

<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <b>598,677.19</b>
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>605,237.16</b>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <b>493,620.48</b>
<b>4. Total liabilities</b> ..... Lines 2 + 3a + 3b	<div style="border: 1px solid black; padding: 5px; display: inline-block;"><b>\$ 1,697,534.83</b></div>

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Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: **Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

☐ No. Go to Part 2.

☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. **Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Wells Fargo DIP account

Checking

\$11,605.00

4. **Other cash equivalents (Identify all)**

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$11,605.00

Part 2: **Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

☒ No. Go to Part 3.

☐ Yes Fill in the information below.

Part 3: **Accounts receivable**

10. Does the debtor have any accounts receivable?

☒ No. Go to Part 4.

☐ Yes Fill in the information below.

Part 4: **Investments**

13. Does the debtor own any investments?

☒ No. Go to Part 5.

☐ Yes Fill in the information below.

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**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☐ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☐ Yes Fill in the information below.

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.  
☐ Yes Fill in the information below.

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☐ Yes Fill in the information below.

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**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$11,605.00</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$11,605.00</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$11,605.00</u>

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**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

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Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A	Column B
Amount of claim	Value of collateral that supports this claim
Do not deduct the value of collateral.	
<b>\$598,677.19</b>	<b>\$11,605.00</b>

**2.1 Internal Revenue Service**

Creditor's Name

**1100 Commerce St., 5024  
DAL  
Dallas, TX 75242**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien  
**Wells Fargo DIP account - Checking**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**

**\$598,677.19**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

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**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

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Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>DALLAS COUNTY TAX OFFICE</b> <b>JOHN R AMES, CTA</b> <b>PO BOX 139066</b> <b>DALLAS, TX 75313-9066</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$6,559.97</b>	<b>\$6,559.97</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number <b>2500</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>Internal Revenue Service</b>  <b>1100 Commerce St., 5024 DAL</b> <b>Dallas, TX 75242</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$598,677.19</b>	<b>\$6,741.81</b>
	Date or dates debt was incurred	Basis for the claim: <b>941 Penalties and interest 2012-2016</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

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<div style="border: 1px solid black; padding: 2px; width: 40px; margin-bottom: 10px;">3.1</div> <b>Nonpriority creditor's name and mailing address</b> <b>AT&amp;T U-VERSE</b> <b>AT&amp;T HEADQUARTERS 208 S. AKARD ST</b> <b>Dallas, TX 75202</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>2258</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$108.76</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div style="border: 1px solid black; padding: 2px; width: 40px; margin-bottom: 10px;">3.2</div> <b>Nonpriority creditor's name and mailing address</b> <b>ATMOS ENERGY</b> <b>PO Box 650205</b> <b>Dallas, TX 75265-0205</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>8204</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$1,293.58</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div style="border: 1px solid black; padding: 2px; width: 40px; margin-bottom: 10px;">3.3</div> <b>Nonpriority creditor's name and mailing address</b> <b>Bank of America Business Card</b> <b>PO Box 15710</b> <b>Wilmington, DE 19886-5710</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>2528</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$19,628.28</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div style="border: 1px solid black; padding: 2px; width: 40px; margin-bottom: 10px;">3.4</div> <b>Nonpriority creditor's name and mailing address</b> <b>BANKDIRECT CAPITAL FINANCE</b> <b>150 North Field Drive, Ste. 190</b> <b>Lake Forest, IL 60045</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>1685</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$3,463.40</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div style="border: 1px solid black; padding: 2px; width: 40px; margin-bottom: 10px;">3.5</div> <b>Nonpriority creditor's name and mailing address</b> <b>Brinks Home Security</b> <b>Dept. CH 8628</b> <b>Palatine, IL 60055-8628</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>3670</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$79.63</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div style="border: 1px solid black; padding: 2px; width: 40px; margin-bottom: 10px;">3.6</div> <b>Nonpriority creditor's name and mailing address</b> <b>Chase Business</b> <b>P.O. Box 659732</b> <b>San Antonio, TX 78265</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>4920</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$29,798.64</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div style="border: 1px solid black; padding: 2px; width: 40px; margin-bottom: 10px;">3.7</div> <b>Nonpriority creditor's name and mailing address</b> <b>CHASE BUSINESS REVOLVING CREDIT</b> <b>PO Box 94014</b> <b>Chicago, IL 60680-6026</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>4920</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <span style="float: right;"><b>\$698.71</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.8	Nonpriority creditor's name and mailing address <b>Chase Ink</b> <b>PO Box 94014</b> <b>Palatine, IL 60094</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1959</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,738.63</b>
3.9	Nonpriority creditor's name and mailing address <b>CITIBUSINESS AADVANTAGE CARD</b> <b>PO BOX 78045</b> <b>PHOENIX, AZ 85062-8045</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4223</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,364.32</b>
3.10	Nonpriority creditor's name and mailing address <b>CITIBUSINESS PLATINUM SELECT VISA</b> <b>P.O. Box 6500</b> <b>Sioux Falls, SD 57117</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0472</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,806.61</b>
3.11	Nonpriority creditor's name and mailing address <b>COURTESY BUILDING SERVICES INC.</b> <b>2154 W Northwest Hwy</b> <b>STE 214</b> <b>Dallas, TX 75220-4220</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$286.86</b>
3.12	Nonpriority creditor's name and mailing address <b>Courtesy Building Services, Inc.</b> <b>2154 W. Northwest Highway, Suite 214</b> <b>Dallas, TX 75220-4220</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$358.55</b>
3.13	Nonpriority creditor's name and mailing address <b>Dave The Printer</b> <b>2338 Irving Blvd.</b> <b>Dallas, TX 75207-6002</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$885.70</b>
3.14	Nonpriority creditor's name and mailing address <b>FedEx</b> <b>P.O. Box 660481</b> <b>Dallas, TE 75266-0481</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0108</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$177.70</b>



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<b>3.15</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Fleet Clean Systems, Inc.</b> <b>2251 Sarno Rd.</b> <b>Melbourne, FL 32935</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$309.51</b>
<hr/>			
<b>3.16</b>	<b>Nonpriority creditor's name and mailing address</b> <b>FW Fleet Clean, LLC.</b> <b>478 N. Babcock Street</b> <b>Melbourne, FL 32935</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$567.85</b>
<hr/>			
<b>3.17</b>	<b>Nonpriority creditor's name and mailing address</b> <b>GIJV TX 1, LLC</b> <b>2 POST ROAD WEST</b> <b>Westport, CT 06880</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>0442</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,862.37</b>
<hr/>			
<b>3.18</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Hanover Insurance Co.</b> <b>P.O. Box 580045</b> <b>Charlotte, NC 28258-0045</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>1000</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,656.00</b>
<hr/>			
<b>3.19</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Hayslip Design Associates</b> <b>2604 Fairmount Street</b> <b>Dallas, TX 75201</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$154,504.62</b>
<hr/>			
<b>3.20</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Hayslip, Victor Allan</b> <b>3809 Parry Ave, Apt 301</b> <b>Dallas, TX 75226</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$65,797.25</b>
<hr/>			
<b>3.21</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Humana Insurance Co.</b> <b>P.O. Box 3024</b> <b>Milwaukee, WI 53201-3024</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>8001</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$525.58</b>

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3.22	Nonpriority creditor's name and mailing address <b>NEW BENEFITS, LTD.</b> <b>PO Box 803475</b> <b>Dallas, TE 75380</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4348</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$105.00</b>
3.23	Nonpriority creditor's name and mailing address <b>NTTA</b> <b>Customer Servcie Center &amp; Administration</b> <b>5900 West Plano Parkway</b> <b>Plano, TX 75093</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2.20</b>
3.24	Nonpriority creditor's name and mailing address <b>Our Energy</b> <b>17154 Buttlet Creek Rd</b> <b>Houston, TX 77090</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$944.76</b>
3.25	Nonpriority creditor's name and mailing address <b>PENSKE TRUCK LEASING</b> <b>PO BOX 802577</b> <b>CHICAGO, IL 60680-2577</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$84.63</b>
3.26	Nonpriority creditor's name and mailing address <b>PITNEY BOWES</b> <b>PO BOX 371887</b> <b>PITTSBURGH, PA 15250-7887</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1359</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$149.23</b>
3.27	Nonpriority creditor's name and mailing address <b>Protex Service, Inc.</b> <b>1915 N. Haskell Ave.</b> <b>Dallas, TX 75204-4298</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4734</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$161.83</b>
3.28	Nonpriority creditor's name and mailing address <b>ReadyRefresh by Nestle</b> <b>P.O. Box 856680</b> <b>Louisville, KY 40285-6680</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>6890</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$327.33</b>

Debtor **Eveready Services, Inc.**  
Name

Case number (if known) **20-30225**

3.29	Nonpriority creditor's name and mailing address <b>Recycle Revolution LLC</b> <b>Maria Lott</b> <b>5731 Buffridge Trail</b> <b>Dallas, TE 75252</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$921.28</b>
3.30	Nonpriority creditor's name and mailing address <b>Service Lloyds Insurance</b> <b>Company</b> <b>6907 Capital of Texas Highway</b> <b>Suite 290</b> <b>Austin, TX 78731-1795</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>017A</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,109.00</b>
3.31	Nonpriority creditor's name and mailing address <b>SHELL SMALL BUSINESS FLEET</b> <b>CARD</b> <b>WEX BANK</b> <b>PO BOX 6293</b> <b>CAROL STREAM, IL 60197-6293</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>9786</b>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,513.26</b>
3.32	Nonpriority creditor's name and mailing address <b>Shelton Mead &amp; Shelton PLLC</b> <b>800 E. Border Street</b> <b>Arlington, TE 76010</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$84.63</b>
3.33	Nonpriority creditor's name and mailing address <b>SHERRY HAYSLIP SMITH</b> <b>2604 Fairmont St</b> <b>Dallas, TX 75201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$120,895.16</b>
3.34	Nonpriority creditor's name and mailing address <b>Syfer Networks</b> <b>PO Box 1184</b> <b>Wylie, TX 75098</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,741.81</b>
3.35	Nonpriority creditor's name and mailing address <b>Texas Fire Extinguisher, Inc.</b> <b>4825 East Grand Avenue</b> <b>Dallas, TX 75223-2909</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$628.39</b>

Debtor **Eveready Services, Inc.** Case number (if known) **20-30225**  
Name

3.36 Nonpriority creditor's name and mailing address **Time Warner Cable**  
**P.O Box 60074**  
**City of Industry, CA 91716-0074**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number **7681**  
As of the petition filing date, the claim is: Check all that apply. **\$354.91**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.37 Nonpriority creditor's name and mailing address **Uline**  
**12575 Uline Drive**  
**Pleasant Prairie, WI 53158**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number **3349**  
As of the petition filing date, the claim is: Check all that apply. **\$397.80**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.38 Nonpriority creditor's name and mailing address **VICTORY PACKAGING**  
**1501 Grand River Rd**  
**Fort Worth, TX 76155**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number **2515**  
As of the petition filing date, the claim is: Check all that apply. **\$4,429.87**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.39 Nonpriority creditor's name and mailing address **WC OF TEXAS**  
**P.O. BOX 742695**  
**CINCINNATI, OH 45274-2695**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number **2093**  
As of the petition filing date, the claim is: Check all that apply. **\$1,856.84**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
--------------------------	--	---

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. \$ <b>605,237.16</b>
5b. Total claims from Part 2	5b. + \$ <b>493,620.48</b>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$ <b>1,098,857.64</b>

Fill in this information to identify the case:

Debtor name Eveready Services, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) 20-30225

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Lease on Building**

State the term remaining

List the contract number of any government contract

**NWP EX TT, LLC  
P.O. Box 12580  
Newark, NJ 07101**

Fill in this information to identify the case:

Debtor name Eveready Services, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) 20-30225

☐ Check if this is an amended filing

Official Form 206H  
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 Allan Hayslip

Bank of America  
Business Card

☐ D \_\_\_\_\_  
☒ E/F 3.3  
☐ G \_\_\_\_\_

2.2 Allan Hayslip

Internal Revenue  
Service

☐ D \_\_\_\_\_  
☒ E/F 2.2  
☐ G \_\_\_\_\_

Fill in this information to identify the case:

Debtor name Eveready Services, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) 20-30225

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

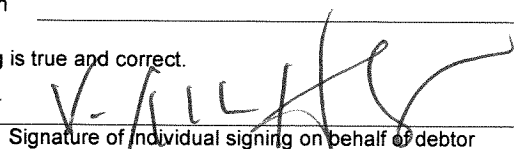
I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 23, 2020

X

  
Signature of individual signing on behalf of debtor

**Allan Hayslip**  
Printed name

**President**  
Position or relationship to debtor